

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Phone (502) 564-4850
Fax (502) 564-1442

NOTICE OF SURRENDER OF RETAIL LIQUOR LICENSE

I am the owner or an officer of the corporation owning the retail _____
liquor license number _____. I do not wish to pay
the state annual renewal fee for this license and I hereby surrender said license. I
understand that by doing so I relinquish all rights and claims to this license privilege
issued for the premises located at _____ in
_____ and the county of _____, Kentucky.

Signature _____

Print Your Name _____

Address of Premises _____

City of _____

County _____ Kentucky.

PLEASE ATTACH YOUR LICENSE AND RETURN IT ALONG WITH THIS FORM TO OUR OFFICE.